

**SOUTH CAROLINA DEPARTMENT OF LABOR,
LICENSING & REGULATION
POST OFFICE BOX 11329
COLUMBIA, SOUTH CAROLINA 29211-1329
PHONE: (803) 734-9711
FAX: (803) 737-9119**

DATE: _____

REQUEST FOR PERMIT TO OPERATE AN AMUSEMENT DEVICE

SHOW NAME: _____

NAME OF OWNER: _____

OWNER ADDRESS: _____

CITY/STATE: _____ ZIP _____

TELEPHONE NUMBERS: (____) ____ - ____ (____) ____ - ____

NAME OF STATE UNDER WHOSE LAW THE OWNER IS INCORPORATED: _____

LESSEE, IF RIDE IS LEASED: _____

LESSEE ADDRESS: _____

CITY/STATE: _____ ZIP _____

TELEPHONE NUMBERS: (____) ____ - ____ (____) ____ - ____

This request is not complete unless accompanied by the items listed below:

1. Amusement Device Listing – Form 101
2. Itinerary – Form 102 (for mobile rides)
3. Itinerary – Form 102B (for permanent-fixed location rides)
4. Copy of insurance as required by 41-18-90 S.C. Amusement Ride Law
5. Copies of NDT results as required by 71-4300 S.C. Regulations
6. All owners of amusement devices operated within South Carolina whether booked in, main billing or other, must complete all necessary forms.

Use this Fee Schedule along with Ride Classifications Form 104 to calculate licensing fees: ***

<u>Ride Class</u>	<u># of Rides</u>		<u>Total</u>
Kiddie	\$ 50 x _____	=	_____
Major/Spectacular	\$100 x _____	=	_____
Mobile/Fixed Coaster	\$250 x _____	=	_____
	Total		_____

***NOTE: Send no fees with permit application. Fees will be invoiced and due at time of inspection. Fees will be payable by money order, cashiers check, or certified check.

SIGNATURE OF OWNER/LESSEE

DATE